

行政院國家科學委員會專題研究計畫 成果報告

醫院競爭優勢的研究—策略能力的評估

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一、中文摘要

本研究計畫的研究目的係在評估國內醫院的策略能力，以分析醫院競爭優勢的來源，並探討其與營運績效間的關係。本研究以加入全民健保特約並通過醫院評鑑地區醫院層級(含)以上之醫院(民國92年資料)為研究母群體，其中醫學中心有17家，區域醫院有72家，地區醫院則有406家，合計495家受訪醫院。本研究以結構式問卷進行調查，問卷詢問對象則設定為受訪醫院的院長、副院長、或管理中心主任等高階經營主管。問卷調查進行過程中發現，由於有5家私立地區醫院改為診所及其它因素，使得研究母群體的醫院數變成487。回覆問卷數計有198份，回覆率則為40.7%。扣除無效問卷後，有效問卷數為醫院中心8份，區域醫院46份，地區醫院為140份，共計194份；有效回覆率則為39.8%。實證結果顯示，回覆之樣本醫院中曾採取採取低成本策略做法者最多，其次則為水平整合策略及垂直整合策略。受訪醫院的高階主管自評各種策略行為中，對於醫院策略能力的提升最有助益者分別為：(1)競爭優勢的建立－採取差異化策略；(2)獲利能力的提升－屬於醫院系統的成員；及(3)成長能力的提升－採取差異化策略。另一方面，受訪醫院的高階主管自評該院在當地同業間之競爭力屬於「普通」者最多，屬於「非常不好」者最少。綜而言之，國內醫院大多曾採取多種策略行為，而不同類型的策略行為對於其策略能力的提升會呈現不同的影響力，研究結果對於醫院的管理階層建立該院之持續性競爭優勢應有所幫助。

關鍵詞：策略能力、競爭優勢、醫院

Abstract

The objective of the present research was to examine the relationships among hospital industry structure, hospitals' resources, hospitals' relations, and hospitals' strategic competencies, with the intention of decomposing the sources of competitive advantage of hospitals. The study

population was all 495 district hospitals (and above) in Taiwan (year 2003 data). Structured questionnaires were mailed to each hospital. After two rounds of mailing, the final effective sample size was 194, with the effective response rate of 39.8%. The statistical analyses used were descriptive analysis, one-way ANOVA, Scheffe's method and multiple regression analysis. The results indicated that the most prevalent strategic behavior adopted by hospitals was low cost, followed by horizontal and vertical integration. As for enhancing strategic competencies of hospitals, respondents cited the differentiation strategy and belonging to a hospital chain as the most important factors.

Keywords: Strategic competency, Competitive advantage, Hospital

二、緣由與目的

我國政府基於照顧全民健康的理念，意欲除去民眾因經濟能力不足所面臨的就醫障礙，於是自1995年3月起開辦全民健康保險。截止2002年10月底，全國納保人數已達21,780,084人；而健保特約醫事服務機構計有16,911家；2001年全年之保險費金額共\$2,923.30億元(中央健康保險局，2003)。由於大部分民眾在就醫上都已享有健保給付之待遇，因此醫療院所已經很難再以價格上的競爭而生存，必須以提供高品質的醫療服務等誘因來吸引顧客(病患)。換言之，全民健保政策的實施已造成醫療生態與產業結構的重大改變，各醫療機構都面臨極為嚴酷的營運壓力，絕大部份的醫療院所都想辦法在降低成本、提升醫療品質、尋求新市場、調整醫療服務提供範圍、進行策略轉型等方面努力。

醫院經營管理階層如今必須更重視經營形態及模式，運用核心能力(core competencies)及經營利基來重新定位，以建立競爭優勢(competitive advantage)，已

為醫院營運成敗的主要決定因素。以往對醫院而言，核心能力主要來自於具有雄厚的資金，位於人口眾多地區，或擁有特殊醫療儀器及技術等。如今在競爭激烈的醫療環境中，這些因素對醫院的生存而言，僅是必需因素，尚仍不足。醫院欲在變動劇烈的醫療環境裡能夠生存立足，其經營管理階層必須建立優異的策略能力(strategic competencies)，採取更靈活的策略行為，方能建立持續性的競爭優勢(sustainable competitive advantage)。本研究的目的便在評估國內醫院的策略能力，以分析醫院競爭優勢的來源，並探討其與營運績效間的關係。

三、研究方法

(一) 研究對象及資料來源

本研究以加入全民健保特約並通過醫院評鑑地區醫院層級(含)以上之醫院(民國 92 年資料)為研究母群體，其中醫學中心有 17 家，區域醫院有 72 家，地區醫院則有 406 家，合計 495 家受訪醫院。本研究以結構式問卷進行調查，問卷詢問對象則設定為受訪醫院的院長、副院長、或管理中心主任等高階經營主管，以確保回覆問卷內容的正確性。

(二) 研究變項的量測

在參考相關文獻並考量本研究的研究目的後，本研究以下列七個構面來詢問醫院的高階主管：(1)貴院是否採取低成本策略；(2)貴院是否採取差異化策略；(3)貴院是否採取集中策略；(4)貴院是否採取水平整合策略；(5)貴院是否採取垂直整合策略；(6)貴院是否採取策略聯盟策略；及(7)貴院是否為醫院系統(連鎖醫院)的成員。

在上述每一構面下並分別詢問三項指標，以評估該構面對於醫院策略能力的提升是否有所助益：(1)競爭優勢的提升；(2)獲利能力的提升；及(3)成長能力的提升。上述指標係採李克氏 5 分量表(Likert 5-point scale)的設計方式來量測，5 分代表贊同程度最高，1 分代表最低。

(三) 研究問卷之信效度檢定

上述之研究問卷的信效度檢定，係使用專家內容效度(content validity)的檢定方法。研究人員延請國內五位學者及醫院主管，針對量表內容的重要性、適當性及明確性方面進行評分，以李克氏 5 分法的方式給予評分(5 分代表此題目極適當；1 分代表此題目極不適當)，3 分以下(含)的題目便不予採納。內容效度指標(Content Validity Index, CVI)值大於 0.80 者為保留題，如未達 0.80 的題目，則依專家意見修改或予以刪除。

在問卷的信度檢定方面，係採重測信度(test-retest reliability)的檢定方法。研究人員以立意取樣的方式，邀請研究樣本中 5 家醫院的受訪對象進行重測信度的檢定。由於進行此重測信度的樣本數略少($n < 15$)，因此本研究遂採用內在等級相關係數(intraclass correlation coefficient, ICC)的方法來檢定重測信度。檢定結果顯示 ICC R 值為 0.87 ($p < 0.05$)，顯示本研究之研究問卷具有相當的可信度。

(四) 資料蒐集方法

研究人員於民國九十三年四月下旬向研究母群體之 495 家醫院寄發上述的結構式問卷，並在信函中強調，懇請該受訪醫院的院長、副院長、或管理中心主任等高階經營主管來回覆問卷。研究人員並於六月初，對於尚未回覆之醫院進行第二次調查問卷的寄發。研究人員在問卷調查進行過程中發現，原行政院衛生署中興醫院已併入行政院衛生署南投醫院，成為南投醫院之中興院區；兩家私立地區醫院合併；某地區醫院被政府相關單位強制歇業；以及 5 家私立地區醫院改為診所，因此研究母群體的醫院數變成 487。

經過上述資料蒐集過程，最後共有 198 家醫院寄回問卷，回覆率則為

40.7%。扣除『因問卷之內容，本院目前都尚未有此計畫，故無法給予答案』等原因之無效問卷後，有效問卷數計有醫院中心 8 份，區域醫院 46 份，地區醫院為 140 份，共計 194 份，有效回覆率則為 39.8%。

(五)、資料處理與分析方法

研究人員在問卷回收後，先進行無效問卷的剔除及資料的轉碼及登錄等資料建檔及重整的步驟，隨即進行資料的統計分析。使用之統計方法包括描述性統計、單因子變異數分析(及事後檢定)、及複迴歸分析等方法，以對本研究的研究假設進行檢定。

四、結果與討論

經由上述統計方法進行分析後結果顯示，194 家醫院中有 137 家(70.6%)曾採取低成本策略，佔最多數；其次為水平整合策略及垂直整合策略，均為 110 家(56.7%)。受訪醫院的高階主管自評各種策略行為中，對於醫院策略能力的提升最有助益者分別為：(1)競爭優勢的建立－採取差異化策略；(2)獲利能力的提升－屬於醫院系統的成員；及(3)成長能力的提升－採取差異化策略。

另一方面，受訪醫院的高階主管自評該院在當地同業間之競爭力屬於「普通」者最多，計有 98 家(50.5%)；屬於「非常不好」者最少，僅有 2 家(1.0%)。綜而言之，本研究發現國內醫院大多曾採取多種策略行為，而不同類型的策略行為對於其策略能力的提升會呈現不同的影響力，研究結果對於醫院的管理階層建立該院之持續性競爭優勢應有所幫助。

五、計畫結果自評

本研究計畫確實完成預期之目標與成果，研究成果將整理並投稿於學術期刊及學術研討會。

六、參考文獻

- 中央健康保險局(2003)。1/25/2003，中央健康保險局網站：
<http://www.nhi.gov.tw/>
- 司徒達賢(1995)。《策略管理》。臺北：遠流出版社。
- 司徒達賢(1995)。《資源基礎理論與企業競爭優勢關係之探討》。行政院國家科學委員會專題研究計劃成果報告。
- 李仁芳(1994)。企業如何掌握競爭優勢－競爭策略的組織基礎。《世界經理文摘》，89，48-63。
- 李妮真、楊銘欽(1995)。醫院因應全民健康保險之可能策略調查。《醫院》，28(5)，9-19。
- 吳思華(1993)。迎接由競爭邁向合作的時代。《世界經理文摘》，83，40-51。
- 彭朱如、司徒達賢、于卓民(2000)。醫療產業跨組織合作方案與管理機制之關係。《管理學報》，17(2)，221-268。
- 盧瑞芬、謝啟瑞(2001)。《臺灣醫院產業的經濟分析》。行政院國家科學委員會專題研究計劃成果報告。
- 闕廷諭(1993)。競爭環境下醫院因應策略之探討及其經營效益評估。《醫院》，26(3)，184-190。
- Aaker, D. A. (1989). Managing asset and skills: The key to a sustainable competitive advantage. *California Management Review*, 31(2), 91-106.
- Amit, R., & Schoemaker, P. (1993). Strategic assets and organizational rents. *Strategic Management Journal*, 14(1), 33-46.
- Ansoff, H. I., & McDonnell, E. J. (1990).

- Implanting strategic management.
New Jersey: Prentice-Hall.
- Barney, J. (1991). Firm resources and sustained competitive advantage. Journal of Management, 17, 99-120.
- Barney, J., & Zajac, E. (1994). Competitive organizational behavior: Toward an organizationally-based theory of competitive advantage. Strategic Management Journal, Winter Special Issue, 15, 5-9.
- Baum, J., Calabrese, T., & Silverman, B. (2000). Don't go it alone: Alliance network composition and startups' performance in Canadian biotechnology. Strategic Management Journal, 21(3), 267-294.
- Becker, E. R., & Sloan, F. A. (1988). Hospital ownership and performance. Economic Inquiry, 23(1), 21-36.
- Bigelow, B., & Mahon, J. (1989). Strategic behavior of hospitals: A framework for analysis. Medical Care Review, 46, 295-311.
- Chandler, A.D., Jr. (1962). Strategy and structure: Chapters in the history of the industrial enterprise. Cambridge, Mass: The MIT Press.
- Cleverly, W. O. (1993). The 1993 almanac of hospital financial & operating indicators. Columbus, OH: The Center for Healthcare Industry Performance Studies.
- Cleverley, W. O., & Harvey, R. K. (1992). Competitive strategies for successful hospital management. Hospital and Health Services Administration, 37(2), 53-69.
- Cody, M., Friss, L., & Kawkinson, Z. C. (1995). Predicting profitability in short-term general community hospitals. Health Care Management Review, 17(1), 27-33.
- Collis, D. J., & Montgomery, C. A. (1995). Competing on resource strategy in the 1990s. Harvard Business Review, 73, July/August, 118-128.
- Combs, J., & Ketchen, D. (1999). Explaining interfirm cooperation and performance: Toward a reconciliation of predictions from the resource-based view and organizational economics. Strategic Management Journal, 20(9), 867-888.
- Day, G. S. (1994). The capabilities of market-driven organizations. Journal of Marketing, 58, 37-52.
- Dess, G. G., & Miller, A. (1993). Strategic management. New York: McGraw-Hill.
- Dess, G. G., & Robinson, R. B. (1984). Measuring organizational performance in the absence of objective measures. Strategic Management Journal, 5, 265-273.
- Devlin, D., & Bleakly, M. (1988). Strategic alliances - Guidelines for success. Long Rang Planning, 21(5), 18-23.
- Dollinger, M. J., & Golden, P. A. (1992). Interorganizational and collective strategies in small firms: Environmental effects and performance. Journal of Management, 18, 695-713.

- Dranove, D., & White, W. (1994). Recent theory and evidence on competition in hospital markets. Journal of Economics and Management Strategy, 3, 170-209.
- Droge, C., Vickery, S., & Markland, R. E. (1994). Sources and outcomes of competitive advantage: An exploratory study in the furniture industry. Decision Sciences, 25(5/6), 669-689.
- Dyer, J., & Singh, H. (1998). The relational view: Cooperative strategy and sources of interorganizational competitive advantage. Academy of Management Review, 23, 660-679.
- Feurer, R., & Chaharbaghi, K. (1994). Defining competitiveness: A holistic approach. Management Decision, 32(2), 49-58.
- Fottler, M.D., Schermerhorn, J. R., Wong, J. Jr., & Money, W. H. (1982). Multi-institutional arrangements in health care: Review analysis, and a proposal for future research. Academy of Management Journal, 7, 67-69.
- Gapenski, L., Vogel, B., & Langland-Orban, B. (1993). The determinants of hospital profitability. Hospital and Health Services Administration, 38, 63-80.
- Ginn, G. O., & Young, G. L. (1992). Organizational and environmental determinants of hospital strategy. Hospital and Health Services Administration, 37, 291-302.
- Ginter, P. M., Swayne, L. M., & Duncan, W. J. (1998). Strategic management of health care organizations. Malden, MA: Blackwell Publishers.
- Gray, B. (1986). Ownership matters: Health reform and the future of non-profit health care. Inquiry, 30, 352-361.
- Hamel, G., & Prahalad, C. K. (1990). The core competence of corporation. Harvard Business Review, May/June, 79-91.
- Higgins, W. (1989). Competitive reform and nonprice competition: Implications for the hospital industry. Health Care Management Review, 14(4), 57-66.
- Hill, C. W. L. (1988). Differentiation versus low cost or differentiation and low cost: A contingency framework. Academy of Management Review, 13(3), 401-412.
- Hitt, M. A., & Ireland, D. (1986). Relationships among corporate level distinctive, diversification strategy, corporate structure and performance. Journal of Management Studies, 23, 401-416.
- Hoskisson, R., Hitt, M., Wan, W., & Yiu, D. (1999). Theory and research in strategic management: Swings of a pendulum. Journal of Management, 25, 417-456.
- Kaplan, R. S., & Norton, D. P. (1992). The balanced scorecard measures that drive performance. Harvard Business Review, 70(1), 71-79.
- Kaplan, R. S., & Norton, D. P. (1996). Using the balanced scorecard as a

- strategic management system. Harvard Business Review, 74(1), 75-78.
- Kaplan, R. S., & Norton, D. P. (2000). The strategy-focused organization – How balanced scorecard companies thrive in the new business environment. Boston, MA: Harvard Business School Press.
- Karnani, A. (1984). Generic competitive strategies: An analytical approach. Strategic Management Journal, 5(4), 367-380.
- Keats, B. W., & Hitt, M. A. (1988). A causal model of linkages among environmental dimensions, macro organizational characteristics, and performance. Academy of Management Journal, 31, 570-598.
- Kimberly, J. R., & Zajac, E. J. (1985). Strategic adaptation in health care organizations: Implications for theory and research. Medical Care Review, 42, 267-302.
- Lamont, B. T., Marlin, D., & Hoffman, J. J. (1993). Porter's generic strategies, discontinuous environments, and performance: A longitudinal study of changing strategies in the hospital industry. Health Services Research, 28, 623-640.
- Manheim, L., Bazzoli, G., & Sohn, M. (1994). Local hospital competition in large metropolitan areas. Journal of Economics and Management Strategy, 3, 143-167.
- Mathur, S. S. (1988). How firms compete: A new classification of generic strategies. Journal of General Management, 14(1), 30-60.
- McArthur, A. W., & Nystrom, P. C. (1991). Environmental dynamism, complexity, and munificence as moderators of strategy performance relationships. Journal of Business Research, 23, 349-361.
- McCracken, M., McIlwain, T. F., & Fottler, M. D. (2001). Measuring organizational performance in the hospital industry: An exploratory comparison of objective and subjective methods. Health Services Management Research, 14(4), 211-219.
- Mehra, A. (1996). Resource and market based determinants of performance in the U.S. banking industry. Strategic Management Journal, 17, 307-322.
- Melnick, G. A., & Zwanziger, J. (1988). Hospital behavior under competition and cost containment policies: The California experience, 1980-1985. Journal of the American Medical Association, 260, 2669-2675.
- Miles, R., & Snow, C. (1978). The structural and environmental correlations of business strategy. Strategic Management Journal, 8(1), 55-76.
- Miller, D., & Friesen, P. (1986). Porter's (1980) generic strategies and performance: An empirical examination with American data. Part 1: Testing Porter. Organization Studies, 7(1),

- 37-55.
- Mintzberg, H. (1994). The rise and fall of strategic planning. Harvard Business Review, 72, 107-114.
- Murray, A. I. (1988). A contingency view of Porter's generic strategies. Academy of Management Review, 13, 390-400.
- Nyhan, R.C., & Cruise, P.L. (2000). Comparative performance assessment in managed care: Data envelopment analysis for health care managers. Managed Care Quarterly, 8(1),18-27.
- Oliver, C. (1990). Determinants of interorganizational relationship: Integration and future directions. Academy of Management Journal,15(2), 79-89.
- Pearce, J. A., Robbins, D. K., & Robinson, R. B. (1987). The impact of grand strategy and planning formality on financial performance. Strategic Management Journal, 8, 125-134.
- Pelham, A. M., & Wilson, D. T. (1996). A longitudinal study of the impact of market structure, firm structure, strategy, and market. Journal of the Academy of Marketing Science, 24(1), 27-43.
- Porter, M. E. (1991). Towards a dynamic theory of strategy. Strategic Management Journal, Winter Special Issue, 12, 95-117.
- Porter, M. E. (1985). Competitive advantage: Creating and sustaining super performance. New York: Free Press.
- Porter, M. E. (1981). The contributions of industrial organizations to strategic management. Academy of Management Review, 6, 609-620.
- Porter, M. E. (1980). Competitive strategy: Techniques for analyzing industries and competitors. New York: Free Press.
- Porter, M. E. (1979). The structure within industries and company performance. Review of Economics and Statistics, 61, 214-227.
- Powell, T. C. (1992). Organizational alignment as competitive advantage. Strategic Management Journal, 13(2), 119-134.
- Sherman, H. D. (1984). Hospital efficiency measurement and evaluation: Empirical test of a new technique. Medical Care, 22(10), 922-935.
- Shortell, S. M. (1990). Adding value is a must for survivors and thrivers. Healthcare Executive, 5, 17-19.
- Shortell, S. M., O'Brien, J. L., Carman, J. M., Foster, R. W., Hughes, E. F., Boerstler, H., & O'Connor, E. J. (1995). Assessing the impact of continuous quality improvement/total quality management: Concept versus implementation. Health Services Research, 30(2), 377-401.
- Smith, K.G., Carroll, S.J., & Ashford, S.J. (1995). Intra-and interorganizational cooperation: Toward a research agenda. Academy of Management Journal, 38(1), 7-23.
- Tibbitts, S.J. (1973). Multiple hospital

- systems. Hospital Administration, 18, 10-20.
- Topping, S., & Hernandez, S. R. (1991). Health care strategy research, 1985-1990: A critical review. Medical Care Review, 48(1), 47-89.
- Trinh, H. Q., & Begun, J. B. (1999). Strategic adaptation of U.S. rural hospitals during an era of limited financial resources: A longitudinal study, 1983-1993. Health Care Management Science, 2, 43-52.
- Trinh, H. Q., & O'Connor, S. J. (2000). The strategic behavior of U.S. rural hospitals: A longitudinal and path model examination. Health Care Management Review, 25(4), 48-62.
- Valvona, J., & Sloan, F. A. (1988). Hospital profitability and capital structure: A comparative analysis. Health Services Research, 23, 343-357.
- Venkatraman, N., & Ramanujam, V. (1986). Measurement of business performance in strategic research: A comparison of approaches. Academy of Management Review, 11(4), 801-814.
- Wheeler, J., Fadel, H., & D'Aunno, T. A. (1992). Ownership and performance of outpatient substance abuse treatment centers. American Journal of Public Health, 82, 711-718.
- White, R. E. (1986). Generic business strategies, organizational context and performance: An empirical investigation. Strategic management Journal, 7(3), 217-231.